

**Building Division** 25 West Main Street Auburn, WA 98001 (253) 931-3020

	For Staff Use Only	
Permit No:		_

## Residential Permit Application

Nesidential i ennit Applica	LIOII	L		
Permit Type (circle): New	Addition	Alteration	l	Value of Construction \$
Project Information/Description: Site Address:				
Parcel No.: (required)	Legal Description:			
Property Owner:	Address:			Phone No.:
Project Contact:	Phone No.:			Email:
Contractor:			Phone 1	No.:
Address:				
State Contractors License #:			Auburr	Business License #:
Architect:			Phone	No.:
Address:			Email:	
Engineer:			Phone 2	No.:
Address:			Email:	
Description of Work:				
Basementsq ft			***	
1 <sup>st</sup> Floorsq ft	Covered Deck	sq ft		ant Site (Yes/No)
$2^{nd}$ Floor sq ft	Covered Porch	sq ft		ile Home (Yes/No)
Totalsq ft	Uncov'd Deck	sq ft		ber of Units
Garagesq ft			Parki	ing Provided
Plumbing (please indicate the numb	per of new or relocated fixt	ures)		
BathtubClothes WasherDishwasherHose Bibb	Hot Water TankKitchen/Bath/LauModular BuildingOther			Shower / Tub ComboToiletWater Service (size of pipeinches)
	Shower			Total Number of Fixtures
Mechanical (please indicate the nu	mber of new or relocated a	ppliances)		
Air Conditioner / Heat PumpFans - Stationary, incl. whole hoFireplace InsertFurnace < 100,000 BTUs	Gas Cook To Gas Dryer Gas Piping ( Gas Stove/R	# of outlets)		OtherWall HeaterVents / Single DuctsWater Heater
				Total Number of Fixtures
				he subject property or I have been given mit. I will comply with all provisions of

law, code and ordinances governing this type of construction work, including state contractor registration laws.

Application expires 180 days after Date Submitted

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Owner/Agent	Date